

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE FUBLIC HEALTH LABORATORY BÍTEATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

REPORT #6

								w					
Con Reta	Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.												
	master sn 4092	-		NAME OF AGENCY Missouri State	e Highway	/ Patrol			DATE OF INSPECTION 02/28/2014				
	TION OF INSTI				o Missou	-i			TIME OF INSPECTION 3:01 pm				
Lewis County Sheriff's Office, Monticello, Missouri CHECKLIST: Place a mark in the box by each item if found to be satisfact.								r if operating	•	ed limits. (Write in of	nserver	d values
	where determined.) Unmarked items must be corrected before using instrument.												
Ø	DIAGNOSTIC CHECK (PRINTOUT ATTACHED)						DATE	DATE AND TIME (from printout) 02/28/2014 15:01					
	☑ COMPUTER							DETECTOR					
	PROGRAM							FILTERS					
	HEATERS SAMPLE CHAMBER49°C							QUARTZ STANDARD					
	☑ FLOW DETECTOR							Z CALIBRATION					
	✓ PUMP	HIGH	1 SPEEC)			☑ PR	☑ PRINTER					
\square	INDICATO	R LIC	3HTS										
Ø	SIMULATO	OR S	OLUTION	N SUPPLIER G	uth Labor	atories		LOT # _1	3010	EXP. DAT	TE_01/09	∂/2015	<u>;</u>
Z	SIMULATO	OR TI	EMP (34°	°C ± 0.2°C)	34	°C S	IMULATO	R SN	G6813	EXP. DA	TE <u>11/12</u>	2/2014	<u> </u>
☑ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)													
									tandard value ar		ave a sor	ead of	005 or
			_	sponding to the						IU IIIUQCII.	avo a op.	eau o.	.000 0.
Ę				- MUST READ E									
Ĺ	0.080%	STAI	NDARD -	- MUST READ E	BETWEEN	0.076% AND	0.084%	INCLUSIVE					
U 0.040% STANDARD - MUST READ BETW TEST 1 ► .100 TEST						ETWEEN 0.038% AND 0.042% INCLUSI			TEST 3 № .102				
									1102	-			
				PRINTOUT ATT	•								
				F BREATH TES DMINISTERED		: FOLLOWIN	IG RANG	ies since 1	THE LAST MAIN	TENANC	E REPOF	₹T: 	
REF	USALS	0	(004)	o	(.0509)	0	(.1014)	1	(.1519)	0	OVER .1	19	0
	NY NEW PART			NY ALTERATION OR I	MODIFICATION	THAT WAS MADE T	TO RESTORE	THE INSTRUME	T TO OPERATE SATISF	ACTORILY A	ND WITHIN ES	STABLISH	ED LIMITS
(Oo	Olinen olde	116464	oznij.										
INSPECTING OFFICER													
SIGNATURE OR KM HADVEN #369						}	PRINT FULL NAME Trooper K. M. Hoover #369						
TYPE II PERMIT NUMBER/EXPIRATION DATE 240021 01/28/2016								TELEPHONE NUMBER (660) 385-2132					
RETU	IRN COMPLE	TED R	EPORT TO		eath Alcoho		/IO Depar	tment of He	alth and Senior S	ervices, S	Southeast	Distric	t Office



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability;

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

KELLY M HOOVER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE1/28/2014	wonde				
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 240021	Gal Vasterly				
EXPIRES 1/28/2016	J				
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				

MO 580-0771 (6-10)

LAB-4 (R6-10)



Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204092 02/28/14

TESTING OFFICER;
HOOVER/K/M
OFFICER I.D.: 369
PERMIT NUMBER: 240021
EXPIRATION DATE: 01/28/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 15:	en.
INTERNAL STANDARD VERIFIED 15:	94
EXTERNAL STANDARD .100 15:	95
BLANK TEST .000 15:	95
EXTERNAL STANDARD .102 15:	06
BLANK TEST .000 15:	96
EXTERNAL STANDARD .102 15:	07
BLANK TEST .000 15:	07

N = 3 SIM. = .1 MAY6. = .1013

Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204092 02/28/14

ARREST TIME: 69:00 SUBJECT NAME: HQQVERZKZM DOB: 98/14/86 SEX: F STATE/D.L.: MO/12345 ARRESTING OFFICER: HOOVER/K/M OFFICER I.D.: 369 TESTIMG OFFICER: HOOVERZKZM OFFICER I.D.: 369 PERMIT NUMBER: 240021 EXPIRATION DATE: 01/28/16 MISCELLAMEOUS DATA: REI TEST

--- BREATH AMALYSIS ---

15:11

15:11

BLANK TEST .000
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE

or Signature TPR KM Hoover #369

Operator Signature TRR KM Hower #369

Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204092 02/28/14 15:01

--- DIRBMOSTIC CHECK ---

COMPUTERS

OKAY

PROGRAM (04-07-2009):

OKAY

HEATERS

SAMPLE CHAMBER:

49c

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTORS

OKAY

FILTERS:

OKAY

QUARTZ STAMDARD:

OKAY

CALIBERTION:

OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFG HIJKLMMOP@RSTUVWXYZ[\]^_'abcdefghijklmno parstuvwxyz{|}>+

Operator Signature TPR KM Hoover #369